## **STATEMENT OF**

FORM 1	ORGANIZAT (See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Once the only
Frederica S. W	ilson for Congress  19821 NW 2nd Avenue			
(Check if address is changed)	Box 354  Miami Gardens			33169
COMMITTEE'S F MAN		ITY   il address)	STATE▲	ZIP CODE 📥
(Check if address is changed)	L ADDRESS (Please provide only one e-mai			
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)  http://Fredericawilsonfo	orcongress.com		
2. DATE 0.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
<ul><li>3. FEC IDENTIFICATE</li><li>4. IS THIS STATEM</li></ul>		C00460055  AMENDED (A)		
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowled	dge and belief it is true, corre	ct and complete	
Signature of Treasurer	Electronically Filed by Larry Handfi	eld	Date 0 2	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may su		·	
Office Use Only		For further informat Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)